

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0047. The time required to complete this collection of information is estimated to average .17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0047

STATE _____ All incomplete records will be returned for completion.
COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM
BRUCELLOSIS TEST RECORD

HERD NUMBER _____ HERD OWNER (LAST FIRST INITIAL) _____ PREVIOUS TEST DATE _____ VET-CODE _____ TOTAL _____ REA _____ SUS _____

OWNER NUMBER _____ ROUTE - STREET - ROAD _____
 TEST _____ PROG. _____ WBBS _____ POST OFFICE _____ STATE _____ ZIP CODE _____
 FEDERAL EMPLOYEE FEE BASIS (Federal) STATE COUNTY PRIVATE (owner's expense)

REASON FOR TEST INITIAL RETEST RGE _____ TWP _____ SEC _____ DISTRICT _____ FARM UNIT _____
 Slaughter Rea 1 Hd. Cert/ Validation 6
 Lyst. Mkt. Rea 2 Post Move Quar. Test 7
 Susp. Ring Test 3 Area Test 8
 Diagnostic 4 Epidemiology 9
 Pvt. Sate 5 Other (Specify below) 10

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
 YES NO NO. IN HERD _____
KIND OF HERD
 DAIRY BEEF
 MIXED SWINE
 OTHER (Specify below) _____
 SUMMARY _____
 NEG-ATIVE _____
 SUS-PECT _____
 REAC-TOR _____

I certify: That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartagss have not been retagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.

SIGNATURE _____ AGREE CODE _____
 ROUTE-STREET-ROAD _____ DATE BLED _____
 POST OFFICE _____ STATE _____ ZIP CODE _____ FIELD TEST DONE BY: _____
 REACTORS TAGGED AND BRANDED DATE: _____ SIGNATURE: _____ AGREE CODE _____

REMARKS _____ LABORATORY _____ PLACE _____ DATE _____ TOTAL _____

TUBE NO.	2	RECORD ALL IDENTIFICATION NUMBER(S)	BY:					LABORATORY RESULTS						TEST in - terp	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER
			VACC TATTOO	AGE	BREED	SEX	FLD T	BABA RST	CARD	STT SPT	RIV	CF				
		1														
		2														
		3														
		4														
		5														
		6														
		7														
		8														
		9														
		10														
		11														
		12														
		13														
		14														
		15														
		16														
		17														
		18														

RT - Retag
 NA - Natural Addition
 PA - Purchased Addition
 AB - Aborter

Record ALL Eartag(s) and Tattoo(s)

Record ALL Legible Characters

FIELD TEST CODE
 N - Negative
 P - Positive

TEST INTERPRETATION
 N - Negative Classified by: _____
 S - Suspect _____
 R - Reactor date Classified: _____

TEST AUTHORIZATION EXPIRES